PTO/SB/17 (10-07)

FEB 2 9 2008 PRADENT OF Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/766,010-Conf. #2009 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL January 29, 2004 Filing Date Kristy Campbell First Named Inventor For FY 2008 **Examiner Name** T. Nguyen 2827 Applicant claims small entity status. See 37 CFR 1.27 Art Unit M4065.1009/P1009 TOTAL AMOUNT OF PAYMENT (\$) 1,743.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): 04-1073 Dickstein Shapiro LLP Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 105 100 Design 210 50 130 65 **Plant** 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 **Provisional** 105 210 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1.440.00 1504 Publication fee for early, voluntary, or normal ... 300.00 8001 Printed copy of patent w/o color 3.00

SUBMITTED BY					
Signature	Jan 3	Registration No. (Attorney/Agent)	28,371	Telephone	(202) 420-2232
Name (Print/Type)	Thomas J. D'Amico			Date	February 29, 2008

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 2009 M4065.1009/P1009 Kristy A. Campbell 10/766 010 01/29/2004

TITLE OF INVENTION: SIMULTANEOUS READ CIRCUIT FOR MULTIPLE MEMORY CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	3/03/2008 CNGUYEN3 00000112 10766010		
NGUY	EN, TAN	2827	365-189010	01 FC:1501		1440.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The example of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The example of correspondence address (or Change of Correspondence Address form PTO/SB/127) attached. The example of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. For printing on the patent from the little of the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		er a 2	300.90 OP n Stampiro L	

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

ease check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🗀 Governme
a. The following fee(s) are submitted: Solution Issue Fee Publication Fee (No small entity discount permitted) Solution Issue Fee (No small entity discount permitted) Solution Issue Fee (No small entity discount permitted)	 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 041073 (enclose an extra copy of this form
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Typed or printed name ____Thomas J. D'Amico